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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	10656/4
First Named Inventor	Gary Kramer
COMPLETE IF KNOWN	
Application Number	/
Filing Date	March 2, 2004
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System For Delivering and Enabling Interactivity With Images

the specification of which
 is attached hereto *(Title of the Invention)*
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

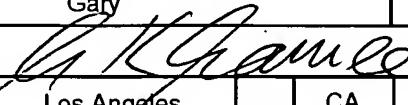
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name Pamela G. Maher Robert L. Kovelman Brooke W. Quist	Registration Number 40,712 51,897 45,030	Name Ivan M. Posey Vanessa J. Owen			
<input checked="" type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Brown Raysman Millstein Felder & Steiner LLP				
Address	1880 Century Park East, Suite 711				
Address					
City	Los Angeles	State	CA	ZIP	90067
Country	U.S.A.	Telephone	310.712.8300	Fax	310.712.8383
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any) Gary			Family Name or Surname Kramer		
Inventor's Signature					Date <u>3/3/04</u>
Residence: City	Los Angeles	State	CA	Country	U.S.A.
Post Office Address	11727 Dorothy Street, #101				
Post Office Address					
City	Los Angeles	State	CA	ZIP	90049
Country	U.S.A.				
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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PTO/SB/02C (3-97)

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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

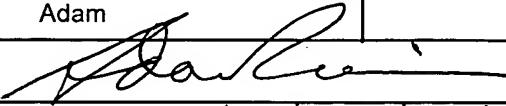
Name	Registration Number	Name	Registration Number
Frank J. DeRosa	26,543		
Matthew D. Marquardt	40,997		
Frederick Yu	45,251		
Seth H. Ostrow	37,410		
James J. Woods	47,184		
Leslie Restaino	38,893		

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Adam				Rubin			
Inventor's Signature					3/3/04		Date
Residence: City	Santa Monica	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	2530 Kansas Avenue, #G						
Post Office Address							
City	Santa Monica	State	CA	ZIP	90404	Country	U.S.A.
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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